The Advisory Council on the Misuse of Drugs

Drug Misuse and the Environment

A summary

The Advisory Council on the Misuse of Drugs (ACMD) has produced the Drug Misuse and the Environment report because it feels that the world in which the individual lives has been a rather neglected area when considering how to tackle drug misuse. Efforts have tended to concentrate on the enforcement of the law and the treatment and education of the individual. The 'environment', the totality of our surround, has all too often been ignored.

This special supplement for Druglink readers summarises some of the key themes, findings and recommendations of this report.

The Advisory Council on the Misuse of Drugs is a body established by the Misuse of Drugs Act 1971 to advise the Government on drug misuse matters. This summary has been produced by the Druglink team in collaboration with the Council.
For the purpose of the report, the ACMD has regarded the environment as an interactive whole where people are not only influenced by it, but influence it themselves in turn. Family, school, work, leisure and peer group influences are all part of the environment. So too are cultural beliefs, expectations and attitudes. The quality of the built environment is a relevant factor, as is the degree of access to education, employment, welfare support, medical care, childcare, leisure activities and justice. The economic and commercial climate will also bear on the quality of this complex mix of social, cultural, interpersonal and physical factors which make up the environment. The environment affects the choices which individuals can and do make, and the recognition of this fact is vital to the design and implementation of drug prevention policies.

In defining the term ‘environment’, the ACMD has identified two broad areas of influence. Firstly, the micro-environment, made up of the more immediate aspects of an individual’s interpersonal surroundings, such as family, friendship networks, the school and workplace. Secondly, comes the macro-environment, which comprises wider social, economic and cultural factors.

The report points to the fact that drug research consistently shows that the key influences in the take-up or otherwise of drugs are the family and friends.

Most families, most of the time, will act as bulwarks against drug misuse. But not all children live in such family surroundings. In terms of drug prevention and early intervention, special attention should be given to the situations where they are not.

The ACMD also believes that family process is a more reliable indicator of a young person’s drug use than family structure. This means that the issue is not whether a young person is brought up in, for instance, a one parent family, but whether that family is conflict ridden or if there is an absence of affection.

The report argues that the choices which people make about drugs, or anything else, are governed by awareness and beliefs – what they feel about something. The environment is as much about the surround of ideas as about physical structures. This aspect of drug prevention, the report says, has in the past too often been neglected or shrugged off as unapproachable but is of vital importance if further progress is to be made. The Council thinks that there is a complexity in the links between drug misuse and values which must not be overlooked. The climate which influences individuals away from drugs is more likely to be engendered where people are truly informed, not just with facts but also with values – valuing themselves, valuing the community and valuing other people.

Friendship networks are identified as the invariable entry points into a drug culture. The ACMD believes that the way friendship impacts on initiation into drug use and sometimes into problematic drug use is better explained by the concept of ‘peer clusters’ rather than that of ‘peer pressure’. The individual is in reality part of a cluster, helping to shape its attitudes and behaviour, rather than an innocent victim coerced into drug use by “unsuitable” friends.

If family and friends can profoundly influence the development of drug use, it is also important, the report contends, to consider the ‘macro-environment’ of wider social, economic and cultural contexts. If clear and unambiguous socio-economic variations in drug use are not always found by researchers at the level of the individual, they are consistently found at the neighbourhood or community level. The highest concentrations of drug-related problems are nearly always found in the poorest urban areas.

The report points out that access to drugs involves both material access and access in a cultural and symbolic realm. Another way of putting this, the report suggests, is to say that drug choices will be influenced as much by fashion as by pharmacology.

The ACMD believes that it is better to engage popular culture and deploy its language and imagery towards health promotion goals rather than to try and combat the culture itself.
DEPRIVATION

Deprivation is explored in some detail in the report. The report concludes, firstly, that the research points strongly to a statistical association between deprivation and problematic drug use.

Secondly, while accepting that not all the observed association between drugs and deprivation is likely to be the result of direct cause and effect, the ACMD concludes that on a strong balance of probability, deprivation today in Britain is often likely to make a significant causal contribution to the cause, complications and intractability of damaging kinds of drug misuse.

The ACMD believes that this conclusion now provides a basis for further policy guidance, and that it would be wrong to continue to take the view that the relationship between deprivation and drugs is ‘only statistical’. The ACMD urges everyone to ensure that deprivation is given its full and proper place in all considerations of drug prevention policy, at both the local and strategic levels.

Housing: resolving the dilemma

The report notes that unemployment, poverty, crime, problematic drug use and housing decay can quite often all be seen in the same distinct urban area. A likely explanation is that they are a consequence of the housing market, which can – in certain cases – bring together people who are experiencing a variety of otherwise unrelated problems in ‘hard-to-let’ housing estates.

The ACMD strongly cautions against policies which lead to a concentration of drug users on any particular estate. Drug users have housing needs like anyone else, but communities have needs and rights too: users and dealers can be unwelcome and disruptive.

A possible solution, the report suggests, is to make a ‘social contract’ the basis for local housing policies. This could balance the public responsibility to meet the housing needs of drug users, with the reasonable expectation that those drug users will not disrupt, disturb or threaten the neighbourhoods in which they are housed by drug-related anti-social behaviour. Support mechanisms would be required to carry this out, not only for the user but also for the community.

The ACMD advise that eviction should be an action of last resort – in the end, it is cheaper to stabilise a drug-using tenant’s behaviour and put them in touch with local helping agencies than to evict them. To avoid this situation (and any possible confusion of duties and responsibilities) housing departments and associations should ensure that they have drug policies, named individuals should be responsible for them, and housing managers should be trained to understand the problems that drugs can cause. It is important when people have undergone drug treatment that inappropriate or delayed housing allocation does not negate any progress which has been made.

Finally, the report points to homelessness – in all its forms – as having a long-standing relationship with substance use. It is difficult to envisage a situation more encouraging of drug misuse. Any measures which deal more adequately with the root causes of homelessness, or get people out of this state sooner rather than later, are therefore likely to contribute significantly to the prevention of drug misuse. One area which could be reviewed is that of housing benefit regulations, which seem to exacerbate drug problems for young people.

INTERVENTIONS

Given the relationship between drugs and deprivation, the report argues that it is vital that strong new initiatives be drawn up at a local level which take account of the deprivation connection. It also suggests that policy makers devise a system which provides some direction to the development of drug projects. It would be a mistake to allow projects to go on proliferating in the way they have in the past without being guided as to the processes which they should go through and given a steer on what is most likely to be effective.

At a national level, the welfare-to-work programme is seen to be relevant. Best practice in employment generation and re-training for drug misusers could be identified and then promoted at the local level.

Policies, whether local or national, need to consider the place of alcohol, tobacco and volatile substances. The report argues that prevention policies which ignore licit drugs lack credibility.
The report identifies some broad guidelines which **locally-based projects** might follow. In general, when carrying out environmentally-focused drug prevention measures, it is important to involve the local population. It is much better for people to be engaged in the process rather than having things done for them, or to them. Local efforts are likely to run into difficulty unless they are supported by wider schemes of urban regeneration, access to jobs and training and other initiatives designed to combat social exclusion.

In reviewing both the literature and the practice, the ACMD has been able to reach certain conclusions as to the effectiveness of local prevention activities which seek to take account of environmental issues. The best hope of success may be offered by long-term, multi-component initiatives which target high risk groups, incorporate life and especially employment skills, and coordinate prevention action in schools, local information campaigns and leisure and employment programmes.

One particular form of community intervention which has an obvious environmental impact is the tackling of **open street drug markets**. Such areas can easily lead not only to disruption, but also to violence, discarded needles and syringes and serious neighbourhood decline. Any action against them should, therefore, always be taken in the context of community safety. The costs and benefits of any action should, as far as possible, be foreseen and evaluated — for instance, some ‘small dealers’ may be drug users too and be better dealt with through the treatment rather than the criminal justice system.

The ACMD believes that there is a crucial role for **Drug Action Teams** in environmentally-focused local prevention work. All DATs should assess and respond to any local manifestations of the drugs-deprivation connection, especially the relationship between drugs and homelessness. They are a vital resource which should be used to help drug agencies develop successfully. Specifically, the ACMD would like to see all DATs address alcohol and volatile substances, and recommends that the local director of housing should sit on each DAT.

**Funding**

It is not within the ACMD’s remit to propose that substantial new funds be made available to deal with the drugs-deprivation connection. However, certain public monies (alongside private sources, trusts and local authorities) are already available and can be channeled towards dealing with drug problems. The report mentions the following:

- **The Drugs Challenge Fund** is perhaps the best known source of drug funding, though its long-term future is uncertain.
- **The Single Regeneration Budget** (if it continues) can provide large sums on the basis of comprehensive proposals for regenerating an area using strong partnerships and community involvement.
- **The twelve Home Office Drug Prevention Teams** also provide funds for community oriented prevention work.
- **Grants for Education Support and Training** from the Department for Education and Employment can be bid for by local education authorities for teacher training/drug education and the youth service.
- **The National Lottery Charities Board** has funded prevention projects.
- **The European Community’s Action Programme to Combat Drugs** is another substantial source of drug funding.

The ACMD believes that resource allocation formulas should include a measure of deprivation, and it also suggests that funders of community organisations should not be too prescriptive in their demands for output measures from community organisations.

**RESEARCH**

The ACMD is a body primarily concerned with practical policies and their application in the field. However, as the national and international research bases are vital when considering such a complex area, the Council believes that the lack of a truly solid evidence base is a cause of concern. This is a situation which needs to be remedied, and which makes it doubly important that activities which address the environmental aspects of drug use are evaluated and that the findings are made as widely available as possible through bodies like ISDD and publications like Druglink.

**Drug misuse is a problem with linked personal ('micro') and social ('macro') origins. This report contends that** while the individual has personal responsibility for healthy decision making, there is a societal responsibility to construct and keep in repair a social, psychological and physical environmental surround which supports the individual’s capacity to stay away from drug misuse and the harms of drug misuse and helps them pull out of damaging drug misuse. The task is difficult but must be addressed.